

Mr S G & Mrs A Poole

# Cheswardine Hall Nursing & Residential Home

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place 12 and 13 January 2014 and was unannounced. At our previous inspection no improvements were identified as needed.

Cheswardine Hall nursing & residential home is registered to provide accommodation with nursing and personal care for a maximum of 48 people. On the day of our inspection 35 people were living at the home.

The home had a registered manager in post who was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People's ability to make their own decisions about their care had not been appropriately assessed. Staff did not understand what they would need to do if people did not have the capacity to make their own decisions.

Risks to people had been assessed and staff understood how to minimise these risks to ensure people's safety. Although staff knew how to minimise these risks it was not always clearly recorded in people's care records.

Risks associated with the environment and equipment were assessed and regularly monitored by the provider's maintenance staff and outside professionals.

Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. Information was available to staff on the process they must follow if they had concerns.

People's medicines were given when they needed them by staff who were trained appropriately. Arrangements for meeting people's health care needs were in place and people saw health care professionals when they needed to.

People were supported by staff who had the skills to meet their needs. Staff had received training relevant to their roles and felt supported by the managers at the home.

People told us they were content with how they spent their time but some relatives felt there was a lack of stimulation. People were supported with individual interests and group activities when they wanted this.

People received care and support when they needed it. Staff treated people as individuals and knew their preferences in relation to their care. People were treated with dignity and were offered choices in a way they could understand.

People and staff felt involved in what happened at the home and they found management approachable. The home had good links with the local community. The provider had quality assurance procedures in place which monitored the quality of service the home provided.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe living at the home. We found people were supported by enough staff to keep them safe and who knew how to recognise and report any concerns they may have about people's safety.

Good



### Is the service effective?

The service was not consistently effective.

People's ability to make decisions or consent to their care had not been sought appropriately. Although people agreed the food was good some people did not have a positive experience at a meal time. Staff and managers made sure people had access to healthcare when they needed it.

Requires improvement



### Is the service caring?

The service was caring.

Staff treated people with kindness and compassion and respected their dignity and privacy. People were offered choices and they felt listened to and respected by staff and managers.

Good



### Is the service responsive?

The service was responsive.

People were supported by staff who knew their needs and understood their preferences. People, relatives and staff felt comfortable to make complaints and had opportunities to comment on the quality of care provided.

Good



### Is the service well-led?

The service was well led.

The provider monitored the quality of care the home delivered and actions were taken where required. People, relatives and staff found managers approachable and felt involved in what happened at the home.

Good



# Cheswardine Hall Nursing & Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 January 2015 and was unannounced.

The inspection team consisted of two inspectors and one expert by experience who had personal experience of a relative living in a care home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about

the home, what they do well and improvements they plan to make. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with nine people who used the service and four relatives. We spoke with 10 staff which included care and nursing staff, maintenance staff, the registered manager, manager and estates manager. We spent time observing how people spent their time and how staff interacted with people. We also spoke with one district nurse who was visiting the home. We looked at seven records which related to consent, people's medicines, assessment of risk and people's needs. We also looked at other records which related to staff training and recruitment and the management of the home.

# Is the service safe?

## Our findings

One person told us about the support they received and understood that care staff supported them for their own safety. They described how care staff helped to reduce the risk of them falling or slipping when they assisted them with their personal care. Care staff supported people to move around the home safely when they had reduced mobility. We spoke with care and nursing staff about the risks associated with some people's care. Staff were aware of specific risks to people but gave us conflicting information on how they supported one person. We found that some people's care records did not give staff sufficient information to instruct them on how to manage some risks. One person's risk assessment identified staff were to 'use a hoist or a turning circle, whichever appropriate'. No information was given for staff on when it was appropriate to use the hoist or turning circle. Two staff told us when they felt it was appropriate to use each piece of equipment but each gave a different answer. We drew it to the manager's attention that although there were systems in place to identify risk the management of risk was not always recorded in the care planning records.

All the people we spoke with told us they felt safe living at the home. One person said, "I feel safe and well looked after, my personal things are safe and they are moved to clean". One relative said, "I feel [person's name] is safe here and [person's name] feels safe". This person gave us a 'thumbs up' to indicate they agreed with what their relative had said.

One staff member told us that if staff forced people to do something they didn't want to do would be considered abusive. Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. All staff we spoke with had received relevant training and understood the responsibility they had for reporting any concerns. They told us they had confidence in managers that they would listen and act on any concerns they raised with them. Information was displayed in the staff room and office on what abuse was and procedures

for reporting any concerns they may have. Staff understood how to report accidents, incidents and near misses and knew the importance of following these policies to help minimise risks to people. This showed that staff were aware of the systems in place that helped to protect people.

People told us there were enough staff to meet their needs. One person said, "I think there are enough staff. There is less staff at night but that's reasonable. I have an alarm bell on my bed at night and staff come in a reasonable time at night". People told us they were able to call for assistance if staff were not in the lounge by pressing a call bell. We saw that for most of the day staff were present in the communal areas and people were not kept waiting for assistance. One staff member said, "Yes there is enough staff. We work as a team and in general there is a good skill mix." Appropriate checks were completed on new staff prior to them starting work at the home. This included obtaining references from previous employers and completing checks to ensure they were suitable to work with people living at the home.

We saw people were supported to take their medicine when they needed it. One person said, "I get my medicine on time". Due to this person's medical condition it was important they received their medicine at the same time each day. One person queried their medicine with the nurse who reminded them that there had recently been a change to their medicine. We saw that medicines were stored securely. Some people had their medicine given to them 'as needed' which meant they only took it when it was required. We saw that information was in place for staff that detailed when people might need this medicine and what it was prescribed for. The registered manager showed us the medicine policy which had been reviewed in November 2014. We spoke with a staff member who administered medicine and they knew about the medicine policy and how to follow it to make sure medicine was managed safely. The registered manager told us about the systems in place for ordering and safe disposal of medicines. Medicine records were up to date and showed people had received their medicine when they had needed them.

# Is the service effective?

## Our findings

Some staff we spoke with had a basic understanding of what the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were and how it affected their practice. Staff had received training on this subject. One staff member told us they had attended training but said, “It’s confusing”. When we spoke with the manager about this they told us they found it confusing also. They told us they had recognised that knowledge of MCA and DoLS needed to improve for themselves and staff.

We found the requirements of the MCA had not been correctly applied. Staff did not understand when to complete a capacity assessment and we saw assessments had been completed on some people when there was no requirement for this. Staff and the registered manager gave us conflicting information on whether anyone living at the home did lack capacity to make their own decisions. We looked at four people’s care records and saw that capacity assessments had not been completed correctly. None of the assessments related to an individual decision and all contained the same generalised statements and conflicting information. The assessments did not make it clear whether these four people had capacity to make their own decisions or not. We were therefore not assured that if people’s capacity changed staff would know what to do to ensure their rights were maintained and protected.

We found that the provider did not have suitable arrangements in place to act in accordance with the Mental Capacity Act 2005. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said, “You can get drinks anytime”. We saw that people had access to drinks throughout the day. People had been assessed as to whether they were at risk of not eating or drinking enough. Everyone living at the home had their daily fluid and food intake recorded regardless as to whether they were or were not at risk. We saw people’s care plans did not inform staff how much fluid or food each person should have each day. We were told that the registered manager and night staff reviewed these records to monitor people’s food and fluid intake.

One person said, “The food is good. You are never hungry here, well fed”. We saw one staff member support three people to eat their meal. During the meal they moved between each person trying to give assistance until two of the three people fell asleep at the table. We observed that the staff member received and sent messages through their walkie-talkie throughout the meal. We saw one person was bought into the dining room in their wheelchair. They sat alone at a table for 40 minutes before their meal arrived. This meant that some people did not receive sufficient attention and support to have a positive experience at mealtimes.

We asked people and their relatives if they thought staff had the skills to support them. One person said, “Carers here are tip-top .Everybody’s lovely”. One relative said about their family member’s communication, “Staff work out what [person’s name] wants, [person’s name] uses some signs to tell them”. Staff told us they felt supported in their roles and their training was kept up to date. We saw records which showed staff had received training that was relevant to their roles. They told us that they received regular support from the manager and senior staff to help them in their work. New staff completed a nationally recommended induction programme. Some staff had gained or were working towards a recognised qualification in health and social care. Staff had the skills to support people at the home but we found they lacked knowledge in some areas despite having received training.

We saw that staff and managers worked with other healthcare professionals to meet people’s healthcare needs. All the people we spoke with told us that their healthcare needs were met. One person said, “I can see the doctor when I want. The chiroprapist calls regularly and my hands are regularly massaged”. One district nurse told us staff followed the plan of care they wrote for people. They told us that staff contacted the district nurse team for advice when needed and that any referrals they made were done quickly. Staff told us that the doctor visited the home weekly and would see anyone who required an appointment.

# Is the service caring?

## Our findings

People spoke about staff treating them with kindness and compassion at all times. One person said, "It is very good this place. I am quite happy here." Another person said, "The carers chat. The carers know me". Another person said, "I am looked after very well, there is usually someone to talk to. Staff are good". Most staff we spoke with told us they had worked at the home for a number of years and that staff turn around was very low. They told us this helped build up relationships with people and helped them to understand their preferences and needs. We saw that people and staff chatted with each other in a relaxed but respectful way. When staff spoke about the people they cared for they did so in a respectful and caring way.

We saw staff displayed kindness towards people and clearly knew each person as an individual. We saw one staff supported a person who appeared to become confused. The staff member spoke with them in a calming manner and listened to what the person had to say. They did not rush the person but spent as long as they needed to in order to provide reassurance and calm them.

We asked people if they felt involved in their own care and treatment. One person told us, "It is lovely here; I can chat

to my friends. I make my own decisions". People told us they were offered choices throughout the day of what to eat, drink or what they would like to do with their time. We saw that when staff supported people they provided explanation and reassurance to each person. Staff explained what they intended to do, checked the person was happy with this and then talked to the person throughout. Staff listened to what people said and responded appropriately. We saw that staff made sure people understood what was being said to them. One staff member said, "Just because some (people) can't always say what they want doesn't mean we shouldn't offer them choice". They went on to say, "We always have to put their needs and interests first".

One person said, "Staff are very respectful". Another person said, "I have family and friends who visit, they are made welcome". One relative told us, "Staff are also considerate to relatives". We asked staff how they respected people's privacy and dignity. One staff member said, "I knock their door (before entering their room). I ensure the door is closed. I cover the person with a towel and ask them if they are ok". We saw that staff treated people with dignity and respect throughout our inspection. The home had various communal rooms where people and relatives could have an area that was quiet and private if they wished.

# Is the service responsive?

## Our findings

We asked people if they were involved in the planning of their care. One person told us they didn't feel involved in their care planning. The manager told us they had recognised this as an issue and staff had now started to update care plans with each person. Another person said, "They will change my evening routine if I want to stay up later and watch TV. They ask me". People told us they had a choice of male or female care staff to support them. Throughout our visit we saw staff involved people in making choices about what they would like to drink or how to spend their time. We saw staff confirm the support that people needed with them. One person told us that care staff always asked if they wanted assistance with their meal. One relative said, "It's a very good place. [Person's name] is well looked after. I can go to the office and discuss things". Staff were able to tell us about people's individual needs, how they supported them and what their preferences were. People's care plans reflected their preferences, likes and dislikes.

People were happy with social activities the home provided and how they spent their own time. One person said, "I stay in my room a lot as I enjoy the television. My catholic priest visits me here every other week. Everything is easy here". Another person said, "I'm happy with my own company". However, one person said, "The days are so long sometimes". Some relatives felt more activities could be offered that they matched their family member's interests and provided mental stimulation for them. Some relatives were anxious their family members were not involved because of their health needs. During the morning we

observed that staff were not able to spend much time with people in the communal areas as they were supporting other people. In the afternoon we saw staff did engage people in the communal areas in individual games such as board games. We spoke with staff and the manager about how they supported people with their individual hobbies and interests and ensured they were not socially isolated. They told us every one was encouraged to spend their time in the communal areas of the home but it was their choice and that most people were content to 'relax' and enjoy their own company. We saw there was a range of activities people could participate in and were told about a 'computer club' that was attended by several people.

People, relatives and staff were encouraged to provide feedback about the service the home provided. Surveys were sent yearly and feedback forms were visible in the reception area for visitors to complete. People and relatives told us they felt confident in raising any concerns or complaints with the registered manager and other managers. Not all people knew how to make a complaint. One person said, "I don't know how to make a complaint, I would probably tell [family member's name]. I don't see the manager but I don't have any complaints". Another person said, "If I want to see management I can go to the office, it is an open door. If I had a complaint I would complain to the staff". One relative said, "If I want to discuss anything I discuss it with the [registered] manager or her son; there is an open door policy". The manager had stated on the provider information return that they had received no complaints in the last 12 months. This was confirmed at our inspection.

# Is the service well-led?

## Our findings

The registered manager is one of the two owners of the home and so has responsibility as both provider and manager. The registered manager was supported by a manager and estates manager who had responsibility for the day to day management of the home. Some staff we spoke with were not clear about the management structure within the home and which manager was in overall charge. However, all staff told us that all managers were approachable and they would speak with any of them. One staff said, "They [managers] are lovely, I can't fault them".

People told us they found management approachable and that they had an open door policy. One person said, "If I want to see management I can go to the office, it is an open door". However, one person said, "I don't see the manager often but I don't have any complaints". People told us about the 'residents meeting' held every month. One person said, "I go to the residents meeting and you have a chance to speak". Discussions at these meetings were around suggested events and activities, any updates on new staff or what was happening within the home. They also gave people an opportunity to ask questions and raise any concerns they had. Results of the last feedback survey from 2013/2014 had been analysed and a report written. This was made available to people and relatives and displayed within the home. Feedback received was also discussed with staff at staff meetings.

Staff told us they were encouraged to report concerns to the managers. One staff said, "I would feel comfortable raising concerns with them". Not all staff were aware of the home's whistleblowing policy which is when they can take concerns to organisations outside of the home. We did

note that information was available to staff and displayed in their staff room and the office. We spoke with the manager about this who assured us they would remind staff where they could access information.

Staff told us that staff meetings were held regularly and they were kept updated on what was happening within the home. The manager told us that rather than give staff surveys to complete they encouraged them to continually give their feedback and opinions on the care they provided.

The home had good links with the local community. The manager told us that volunteers from the local community shop come to the home once a week to provide a 'tuck shop'. The volunteers also delivered papers to the home for people. The manager told us that students from the local schools visited to sing and to complete work experience.

There were systems in place to monitor the quality of care the service provided. The registered manager told us they completed regular audits of medicines held at the home and also checked daily records but these audits or checks were not recorded. The manager had a system of regular audits they had completed. We saw that these were completed on the environment, equipment and people's care records. The manager monitored instances when people had falls or accidents. We saw records of the manager's last audit in December 2014. Actions had been identified for staff to address and these had been discussed with them. The manager told us they would check these actions had been completed as part of their next audit. The manager told us that staff worked in teams and each team had responsibility for reviewing and checking people's care records monthly. The manager then sampled care records to ensure they were up to date as part of their quality monitoring.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p><b>How the regulation was not being met:</b> The registered person did not have suitable arrangements in place to act in accordance with the Mental Capacity Act 2005 when seeking consent. Regulation 18.</p>